OREGON MEDICAL BOARD
1500 SW First Avenue, #620
Portland, OR 97201-5847
Phone (971) 673-2700
www.oregon.gov/omb

NATURALIZATION AFFIDAVIT

Instructions:

- ◯ Fill out Affidavit form completely and accurately
- ◯ In the space below, provide a written explanation stating why your Birth Certificate is unavailable
- ◯ Present your Naturalization Certificate to a Notary with completed Affidavit and valid U.S. Passport
- ◯ Submit a photocopy of valid U.S. passport-showing full legal name-with completed, notarized affidavit

(PLEASE TYPE OR PRINT)

Profession: ◯ MD/DO/DPM ◯ Physician Assistant ◯ Acupuncturist

A) Former Name:
First Name(s) Middle Name(s) Last Name(s)

B) New Name:
First Name(s) Middle Name(s) Last Name(s)

C) Signature:
Name used as your business signature

D) Address:
Street City State Zip Code

E) Naturalization:

1) Number_____

2) Date of issue_____

3) City/State Certificate of issue_____

Reason Birth Certificate is unavailable

(SEAL)

Applicant Signature_____

Subscribed and sworn to before me this

_____day of_____20_____

Notary Signature_____

Notary Public for:_____

My commission expires:_____